DataInsights

Health Plan Quality Measurement Report For Services Provided in 2004

The major quality objective for the Healthy Families Program (HFP) is to "assure that health services purchased for the program are accessible to enrolled children". To meet this objective, the Managed Risk Medical Insurance Board (MRMIB) uses several tools to monitor access and quality of health care. One of these tools is the health plan quality reports that are submitted annually by participating health plans.

The health plan quality report contains information on a selected set of quality indicators. These indicators were selected based on recommendations from the HFP Quality Accountability Framework, (which was commissioned by the California HealthCare Foundation), the HFP Quality Improvement Work Group and the HFP Advisory Panel. The indicators selected are a set of child-relevant Health Plan Employer Data and Information Set (HEDIS®) measures applicable to the calendar year 2004.

This report, the Healthy Families Program Quality Measurement Report 2004, summarizes the HEDIS® information received from participating health plans. The report presents comparative plan information for each quality measure (for which sufficient data was available) and aggregate data for the program.

QUALITY INDICATORS

HEDIS®

The National Committee for Quality Assurance's (NCQA) HEDIS® is a nationally recognized tool to evaluate services provided by health plans. Public and private organizations that purchase health care services are principal users of HEDIS®. Many purchasers of health insurance use HEDIS® as a standard for quality measurement. Information based on data collected from HFP plans is compared with NCQA national HEDIS ® benchmarks.

HEDIS® consists of 52 measures related to effectiveness of care, use of services and access to care. Health plans participating in the HFP are required to report six child-relevant measures. These measures are:

- Childhood Immunization Status
- Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- Adolescent Well-Care Visits
- Children's Access to Primary Care Practitioners
- Follow-up After Hospitalization for Mental Illness
- Alcohol and Other Drug Services Utilization

DATA COLLECTING & REPORTING METHODOLOGIES

NCQA allows health plans to use one of two methods for collecting HEDIS® data. The *administrative method* requires plans to search selected administrative databases (e.g., enrollment, claims, and encounter data systems) for evidence of a service.

The *hybrid method* requires plans to select a random sample of 411 eligible members, and search their administrative databases for information about whether each individual in the sample received a service. If no information is found, plans are allowed to consult medical records for evidence that services were provided. HEDIS® scores

based on the *hybrid method* are generally higher, but require more effort and are more costly to compile than the *administrative* method.

COMPLIANCE AUDIT

MRMIB requires plans to have their quality reports audited by an NCQA certified HEDIS® auditor. The audits ensure the credibility of reported data. All health plans participating in the HFP have complied with the audit requirement.

ANALYSIS OF DATA REPORTED BY PLANS

Quality Scores

Each health plan submitted its score or *rate* for the five child relevant HEDIS® measures according to HEDIS® reporting guidelines. These scores were calculated by dividing the number of health plan subscribers who received a particular service (numerator) by the number of subscribers who were eligible to receive the service (denominator) for each health plan. Only those scores that had been certified by a HEDIS® auditor were submitted in the plan reports. The individual plan scores were used to calculate an overall plan average. Health plans that had scores one standard deviation above or below the plan average were identified.

In addition to the plan average, an *aggregate program average* was calculated by dividing members from all health plans who received a particular service by the total number of members in all health plans that were eligible to receive the service. The plan average is compared to *National Results for Selected HEDIS®* measures established by NCQA.

PRESENTATION OF RESULTS

Individual Plan Results

NCQA recommends that scores based on sample sizes of less than 30 members should not be reported. Results from small samples do not withstand the statistical analysis used to determine if the results are due to chance. Data from previous years included plans that had fewer than 30 members in the samples and were noted by "NM" or Not Meaningful.

Individual plan percentages are displayed in tables for each measure. These are the percentages reported by each plan and certified by an independent auditor, with a few noted exceptions as indicated in the footnotes for each table.

Program Results

Each measure is presented in tabular form displaying the score for each category along with the sample size (in parentheses). Results by selected language and ethnic groups were also included. These are calculated by the member level data submitted by each plan.

Information on language preference and ethnicity comes from the member's application. Because some subscribers chose not to indicate a language preference or declare an ethnicity on their application, the total population may not be equal to the total eligible population.

**120-DAY INITIAL HEALTH ASSESSMENT*

The use of this measure has been discontinued by MRMIB. This measure was developed as a pilot measure by the California Department of Health Services and was tested by health plans in 2001 and used through 2003. Health plans were required to use the administrative method protocols similar to the protocols for HEDIS®. MRMIB decided to discontinue this measure as it was not truly capturing data as had been intended and there were no national benchmarks that could be used to evaluate plans' performance.

Healthy Families Program
Quality Measurement Report Overview

The following summary represents the HFP aggregate program scores for the 2002 through 2004 calendar years. For comparison, results from Medi-Cal Managed Care as well as results from NCQA's National Results for Selected HEDIS/CAHPS® Measures and National Medicaid Results for Selected HEDIS® and HEDIS/CAHPS® Measures for calendar year 2004 are also presented. Current NCQA results can be obtained from the NCQA website at www.ncqa.org.

Table 1 – Scoring Overview

Measure Description	Healthy Families Program Score 2002 Calendar Year	Healthy Families Program Score 2003 Calendar Year	Healthy Families Program Score 2004 Calendar Year	Medi-Cal Managed Care Score 2004 Calendar Year	NCQA National Average Commercial Results 2004 Calendar Year	NCQA National Average Medicaid Results 2004 Calendar Year
Childhood Immunization Status						
Combination 1*	72%	74%	**75%**	65%	76%	65%
Combination 2*	69%	70%	**75%**	64%	73%	63%
Well-Child Visits in the 3rd Through 6th Years of Life	63%	67%	**68%**	66%	Not Included in Report	Not Included in Report
Adolescent Well-Care Visits	34%	36%	**37%**	34%	Not Included in Report	Not Included in Report
Children's Access to Primary Care Practitioners						
Cohort 1 (Ages 12 - 24 Months)	93%	92%	**91%**	Not Included in Medi-Cal Report	Not Included in Report	Not Included in Report
Cohort 2 (Ages 25 Months - 6 Years)	85%	83%	**82%**			
Cohort 3 (Ages 7 - 11 Years)	83%	83%	**81%**			
Follow-Up After Hospitalization for Mental Illness (1)						
Within 7 Days	23%	38%	**40%**	Not Included in Medi-Cal Report	56%	38%
Within 30 Days	38%	62%	**49%**		76%	55%
***(NEW)* Alcohol and Other Drug (AOD) Services Utilization (2)**				Not Included in Medi-Cal Report	Not Included in Report	Not Included in Report

* Combination 1 includes age appropriate vaccinations for diphtheria/tetanus/pertussis, polio, measles/ mumps/rubella, H. influenza type B, and Hepatitis B. Combination 2 includes all age appropriate vaccinations in Combination 1 and the chicken pox vaccine.

(1) Total sample size for this measure was 469 subscribers in 2002, 212 subscribers in 2003, and 297 subscribers in 2004. A factor that may make tracking data difficult for this measure is the mental health "carve out" in the HFP. Children who are suspected of being seriously emotionally disturbed (SED) are referred to county mental health departments for assessment and treatment. Measure is for adults and children in NCQA.

(2) New measure for 2004. Sample size was 765 subscribers.

Childhood Immunization Status

Importance of Measure: It is estimated that one million children in the United States do not receive the necessary vaccinations by age two. Immunizations have proven to be one of the easiest and most effective methods of delivering preventative medicine. Immunizations are the first and foremost line of defense against childhood diseases.

Calculation: This measure is the percentage of children who turned two years old during the measurement year, who were continuously enrolled for 12 months preceding their second birthday and received the following immunizations according to the established schedule of the American Academy of Pediatrics. Based on the above age and timing criteria, a child may have actually received his or her required immunizations, but may not be included in the measure's numerator.

Combination 1

4 DTP/DTaP (diphtheria/tetanus/pertussis)
3 IPV/OPV (polio)
1 MMR (measles/mumps/rubella)
2 HiB (H. influenzae type b)
3 Hep (Hepatitis B)

Combination 2

Same as Combination 1 plus
1 VZV (Chicken Pox)

2004 Performance: Childhood immunizations have improved consistently over the last four years. Immunizations based on the Combination 2 measure have grown from 61 percent in 2001 to a new high of 75 percent in 2004. This represents a 23 percent increase during the four year period. Scores varied for the individual antigens, but generally remained consistent in all categories. Compared to the 2004 Medi-Cal and NCQA national averages, the HFP continues to perform at levels well above the Medi-Cal Managed Care and NCQA Medicaid benchmarks.

Of the 23 plans that had sufficient data to report for the 2004 reporting period, 13 plan scores improved from 4 to 25 percentage points, while 6 plan scores declined**.**

The scores for this measure have improved for all ethnicities except for Latino and American Indian/Alaskan Native. The largest increase was among Asian/Pacific Islanders where the rate of immunizations increased by 6 percentage points (from 74% to 80%). In addition, Whites improved 4 percentage points and African Americans improved 3 percentage points. American Indian/Alaskan Natives dropped 15 percentage points; however, it should be noted this group was a small sample size (8).

The scores for this measure also improved for most languages. Vietnamese and Chinese speakers demonstrated the largest increases of 11 and 10 percentage points, respectively. Korean speakers saw an increase of 6 percentage points and English speakers 2 percentage points. Spanish speakers saw a slight decrease of 2 percentage points.

Childhood Immunization Status
Table 2 – *Performance Overview*

HFP Population Statistics	2001	2002	2003	**2004**
Number of Plans Reporting	23	24	23	**23**
Total Sample	3,943	5,620	6,481	**5,874**
Number of Plans Reporting - Methodology	Admin - 1 Hybrid - 22	Admin - 2 Hybrid - 22	Admin - 2 Hybrid - 21	**Admin - 2** **Hybrid - 21**
Range of Scores	35% to 83%	52% to 92%	44% to 88%	**43% to 100%**
Average / Median Score	60% / 62%	70% / 67%	69% / 70%	**74% / 75%**
Aggregate Program Score (Combination 2)	61%	69%	69%	**75%**

Calendar Year	Combo 2	Combo 1	DPT	IPV	MMR	HIB	HEP	VZV
2004	**75%**	**74%**	**82%**	**86%**	**91%**	**85%**	**83%**	**91%**
2003	70%	74%	85%	90%	94%	86%	85%	91%
2002	69%	72%	83%	89%	92%	85%	85%	88%
2001	61%	65%	78%	83%	88%	79%	79%	83%

Childhood Immunization Status
Table 3 – *Demographic Analysis*

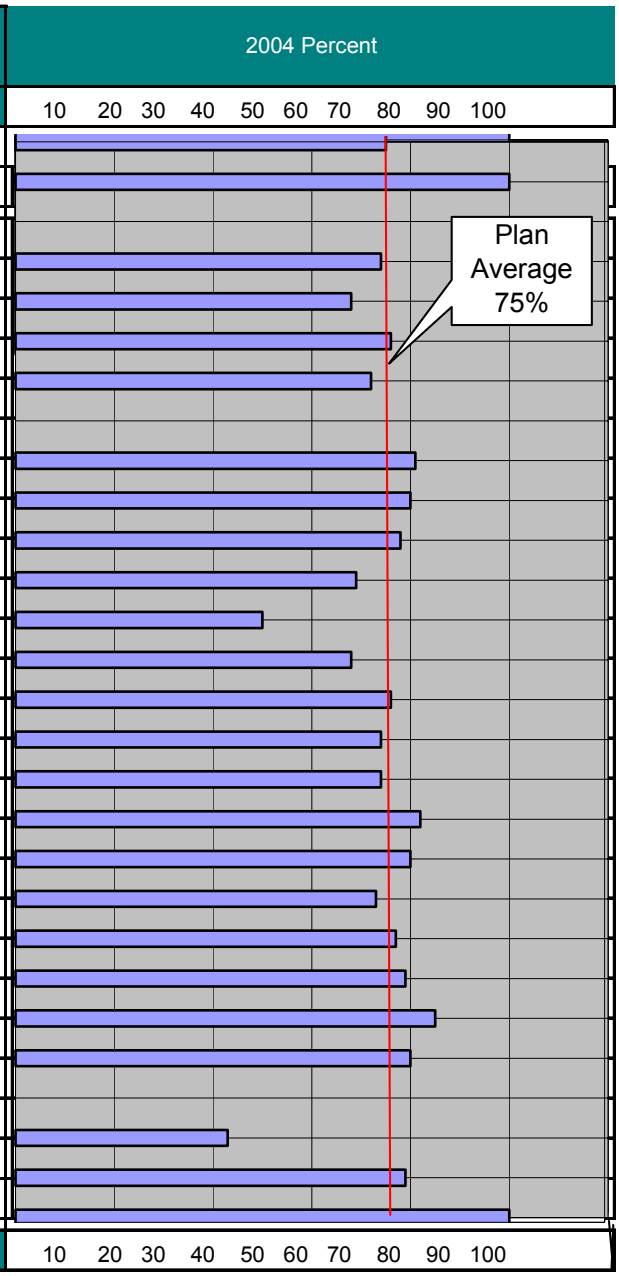
Childhood Immunization Status - Combination 2							
Ethnicity				**Primary Language of Applicant**			
	2002	2003	**2004**		2002	2003	**2004**
Latino	72 % (2,813)	72% (3,729)	**71% (3,273)**	English	69% (2,382)	71% (3,328)	**73% (2,891)**
Asian/Pacific Islander	77% (553)	74% (118)	**80% (775)**	Spanish	72% (1,942)	73% (2,585)	**71% (2,262)**
White	65% (627)	70% (1,000)	**74% (764)**	Vietnamese	82% (179)	78% (195)	**89% (245)**
African American	75% (122)	72% (159)	**75% (136)**	Chinese	74% (160)	73% (85)	**83% (146)**
American Indian/ Alaskan Native	100% (7)	65% (20)	**50% (8)**	Korean	76% (58)	82% (61)	**86% (57)**

(The number in parentheses indicates the number of children in the eligible sample)

Childhood Immunization Status – Combination 2

Table 4 – *Individual Plan Scores*

Health Plan	2001 Score	2002 Score	2003 Score	**2004 Score**
Healthy Families Program Average	61%	69%	70%	**75%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	63%	64%	61%	**74%**
Blue Cross - EPO	59%	66%	65%	**68%**
Blue Cross - HMO	63%	70%	68%	**76%**
Blue Shield - HMO	55%	66%	63%	**72%**
Blue Shield - EPO	*	*	NR	**NA**
CalOptima	76%	81%	70%	**81%**
Care 1st Health Plan	NR	73%	NR	**80%**
Central Coast Alliance for Health	NM	91%	74%	**78%**
Community Health Group	72%	64%	78%	**69%**
Community Health Plan	35%	52%	72%	**50%**
Contra Costa Health Plan	NM	70%	72%	**68%**
Health Net of California	56%	71%	72%	**76%**
Health Plan of San Joaquin	57%	70%	63%	**74%**
Health Plan of San Mateo	NM	80%	62%	**74%**
Inland Empire Health Plan	73%	67%	71%	**82%**
Kaiser Permanente	71%	92%	87%	**80%**
Kern Family Health Care	66%	57%	55%	**73%**
Molina	44%	55%	61%	**77%**
San Francisco Health Plan	78%	90%	79%	**79%**
Santa Barbara Regional HA	NM	NM	88%	**85%**
Santa Clara Family Health Plan	67%	65%	76%	**80%**
Sharp Health Plan	54%	61%	73%	**NA**
UHP Health Care	61%	50%	42%	**43%**
Universal Care	61%	80%	81%	**79%**
Ventura County Health Plan	NM	NM	75%	**100%**



NM – Not Meaningful.
NA /NR– Not Applicable/No Report Submitted.
* -Plan was not part of HFP in this measurement year.

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Importance of Measure: The American Academy of Pediatrics (AAP) recommends annual well-child visits for two to six year olds. Benefits of this measure are detection of potential vision, speech, learning, or other problems that may be prevented by early intervention.

Calculation: This measure describes the percentage of members who were three, four, five, or six years old during the measurement year, who were continuously enrolled in the plan during the measurement year, and who received one or more well-child visit(s) with a primary care provider during the measurement year.

2004 Performance: The tables on pages 8 and 9 describe HFP performance trends as well as individual plan trends.

Table 5 shows that the aggregate HFP score has continued to improve over the past four years, increasing by three to four percentage points per year from 2001-2003 (60 percent in 2001, 63 percent in 2002 and 67 percent in 2003) and by one point to 68 percent in 2004. The HFP continues to perform at levels above the Medicaid benchmark.

Based on the 2004 results shown in Table 6, the scores for this measure have improved for all ethnicities, except for Whites, and for all languages. Korean speakers demonstrated the biggest increase, up a substantial 19 percentage points (from 48 to 67 percent), but considerable increases were evident in the Vietnamese (up 10 percentage points) and Chinese Language (up 7 percentage points) groups as well. Scores across ethnic groups indicated that Whites were less likely to have a well child visit than other ethnic groups. Vietnamese and Chinese speaking members were most likely to have a visit than those speaking other listed languages.

As shown in Table 7, individual health plan scores continued to improve with 12 of the 23 plans (52 percent) improving by at least one percentage point; of the 12 plans, scores for Blue Cross HMO, Cal Optima, Care 1st Health Plan, Health Net, Health Plan of San Joaquin, Inland Empire Health Plan, and UHP Health Care improved by at least five percentage points in 2004. Eight plans reported a decrease in the percentage of Well Child Visits for this age group, whereas two plans' scores remained unchanged.

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Table 5 – *Performance Overview*

HFP Population Statistics	2001	2002	2003	**2004**
Number of Plans Reporting	23	24	24	**23**
Total Sample	14,695	13,776	23,004	**20,162**
Number of Plans Reporting - Methodology	Admin - 3 Hybrid - 20	Admin - 3 Hybrid - 21	Admin - 4 Hybrid - 20	**Admin - 4** **Hybrid - 19**
Range of Scores	40% to 74%	29% to 79%	55% to 82%	**43% to 84%**
Average / Median Score	61% / 63%	62% / 65%	65% / 67%	**67% / 68%**
Aggregate Program Score	60%	63%	65%	**68%**

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Table 6 – *Demographic Analysis*

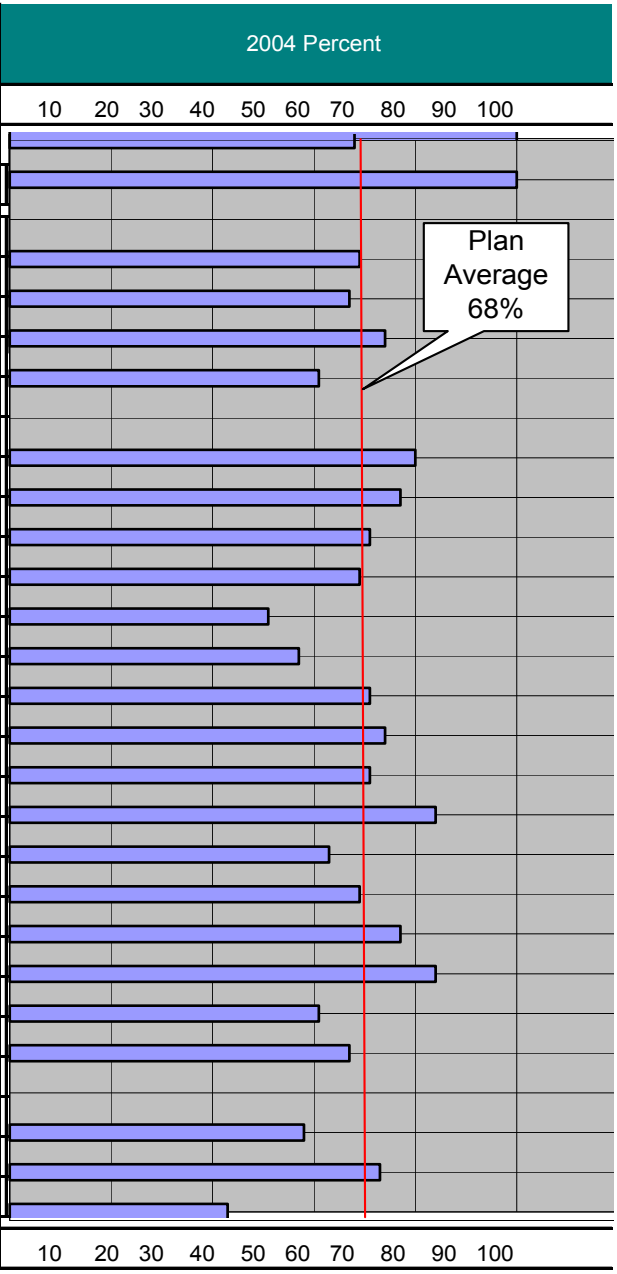
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life							
Ethnicity				**Primary Language of Applicant**			
	2002	2003	**2004**		2002	2003	**2004**
Latino	63% (6,732)	62% (14,348)	**67% (11,641)**	English	60% (4,263)	61% (10,547)	**64% (9,360)**
Asian/Pacific Islander	64% (1,056)	59% (320)	**68% (2,147)**	Spanish	63% (5,468)	62% (10,948)	**67% (8,528)**
White	58% (1,195)	58% (2,971)	**58% (2,392)**	Vietnamese	62% (194)	62% (366)	**72% (312)**
African American	61% (284)	60% (762)	**70% (612)**	Chinese	69% (472)	67% (247)	**74% (427)**
American Indian/ Alaskan Native	68% (19)	57% (47)	**63% (30)**	Korean	43% (86)	48% (101)	**67% (103)**

(The number in parentheses indicates the number of children in the eligible sample)

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Table 7 – *Individual Plan Scores*

Health Plan	2001 Score	2002 Score	2003 Score	2004 Score
Healthy Families Program Average	60%	63%	67%	**68%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	67%	68%	73%	**69%**
Blue Cross - EPO	58%	64%	67%	**67%**
Blue Cross - HMO	63%	66%	66%	**74%**
Blue Shield - HMO	53%	55%	57%	**61%**
Blue Shield - EPO	*	*	NR	**NA**
CalOptima	63%	75%	73%	**80%**
Care 1st Health Plan	NR	55%	65%	**77%**
Central Coast Alliance for Health	69%	65%	69%	**71%**
Community Health Group	68%	65%	70%	**69%**
Community Health Plan	43%	35%	62%	**51%**
Contra Costa Health Plan	52%	48%	66%	**57%**
Health Net of California	54%	61%	62%	**71%**
Health Plan of San Joaquin	65%	61%	69%	**74%**
Health Plan of San Mateo	69%	69%	73%	**71%**
Inland Empire Health Plan	70%	75%	78%	**84%**
Kaiser Permanente	64%	65%	66%	**63%**
Kern Family Health Care	66%	70%	69%	**69%**
Molina	58%	68%	73%	**77%**
San Francisco Health Plan	74%	79%	82%	**84%**
Santa Barbara Regional HA	74%	69%	68%	**61%**
Santa Clara Family Health Plan	73%	65%	70%	**67%**
Sharp Health Plan	63%	67%	66%	**NR**
UHP Health Care	40%	29%	50%	**58%**
Universal Care	57%	66%	69%	**73%**
Ventura County Health Plan	57%	58%	55%	**43%**



NM – Not Meaningful.
NA /NR– Not Applicable/No Report Submitted.
* -Plan was not part of HFP in this measurement year.

Adolescent Well-Care Visits

Importance of Measure: Detection of changes in physical, social and emotional health status during this transitional period in a child's life is of great importance. The American Medical Association and the American Academy of Pediatrics stress the need for yearly visits for this population.

Calculation: This measure describes the percentage of members, ages 12 through 21 years old during the measurement year, who were continuously enrolled in the plan during the measurement year, and who received at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Because the HFP only covers children through their 18th birthday, the reports from the plans were based on children between the ages of 12 and 18.

2004 Performance: The tables on pages 11 and 12 show HFP performance trends as well as individual plan trends. The program showed minimal improvements in providing adolescent well care visits. There continued to be wide variability in the reported scores with scores ranging from 18 percent for Ventura County Health Plan to 58 percent for San Francisco Health Plan. The HFP average score for this measure has been consistently below 40 percent. However, some health plans are taking action to encourage Adolescent Well-Care Visits by offering rewards to participants. This proactive approach may effectively increase utilization of this service. Of the 23 plans reporting, 15 improved their score. Nine plans improved by at least five percentage points. Six plan scores declined by four and thirteen percentage points. One plan's score remained unchanged.

Two ethnic categories in this measure improved from last year: Latinos increased by 3 percentage points and Asian/ Pacific Islanders increased 2 percentage points. African Americans and Whites remained the same while American Indian/Alaskan Natives decreased by 6 percentage points, but it should be noted this is a small sample size (84).

For Primary Language of Applicant, all scores improved by at least 1 percentage point. The most notable increases are Chinese Languages with an increase of 7 percentage points, Vietnamese with 4 and Spanish with an increase of 3 percentage points.

Adolescent Well-Care Visits
Table 8 - *Performance Overview*

HFP Population Statistics	2001	2002	2003	2004
Number of Plans Reporting	23	24	24	**23**
Total Sample	17,841	21,976	34,031	**32,724**
Number of Plans Reporting - Methodology	Admin - 3 Hybrid - 20	Admin - 3 Hybrid - 21	Admin - 4 Hybrid - 20	**Admin - 4** **Hybrid - 19**
Range of Scores	16% to 53%	12% to 49%	18% to 51%	**18% to 58%**
Average / Median Score	32% / 33%	33% / 34%	35% / 34%	**36% / 37%**
Aggregate Program Score	33%	34%	36%	**37%**

Adolescent Well-Care Visits
Table 9 – *Demographic Analysis*

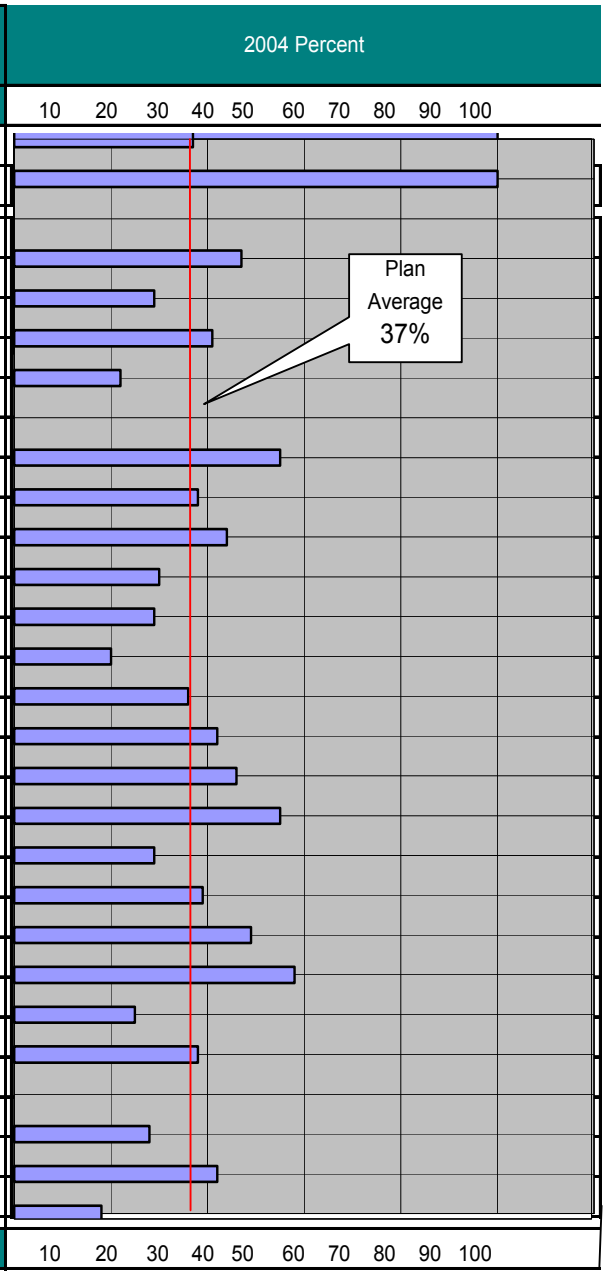
Adolescent Well-Care Visits							
Ethnicity				**Primary Language of Applicant**			
	2002	2003	**2004**		2002	2003	**2004**
Latino	35% (10,207)	31% (20,227)	**34% (19,097)**	English	34% (8,263)	31% (15,086)	**32% (14,519)**
Asian/Pacific Islander	38% (1,747)	33% (462)	**35% (3,180)**	Spanish	35% (8,028)	31% (16,504)	**34% (15,158)**
White	32% (2,707)	27% (4,999)	**27% (4,430)**	Vietnamese	40% (273)	35% (311)	**39% (302)**
African American	38% (785)	38% (1,436)	**38% (1405)**	Chinese	41% (838)	36% (347)	**43% (901)**
American Indian/ Alaskan Native	29% (52)	31% (105)	**25% (84)**	Korean	29% (217)	30% (235)	**32% (207)**

(The number in parentheses indicates the number of children in the eligible sample)

Adolescent Well-Care Visits

Table 10 – *Individual Plan Scores*

Health Plan	2001 Score	2002 Score	2003 Score	2004 Score
Healthy Families Program Average	33%	34%	36%	**37%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	34%	44%	51%	**47%**
Blue Cross - EPO	31%	29%	39%	**29%**
Blue Cross - HMO	35%	34%	36%	**41%**
Blue Shield - HMO	24%	27%	19%	**22%**
Blue Shield - EPO	*	*	NR	**NA**
CalOptima	38%	47%	47%	**55%**
Care 1st Health Plan	NR	31%	33%	**38%**
Central Coast Alliance for Health	32%	31%	40%	**44%**
Community Health Group	32%	34%	34%	**30%**
Community Health Plan	18%	20%	42%	**29%**
Contra Costa Health Plan	24%	15%	24%	**20%**
Health Net of California	27%	35%	33%	**36%**
Health Plan of San Joaquin	24%	28%	34%	**42%**
Health Plan of San Mateo	35%	48%	44%	**46%**
Inland Empire Health Plan	41%	43%	45%	**55%**
Kaiser Permanente	32%	35%	37%	**29%**
Kern Family Health Care	32%	35%	34%	**39%**
Molina	39%	47%	47%	**49%**
San Francisco Health Plan	40%	49%	51%	**58%**
Santa Barbara Regional HA	36%	34%	30%	**25%**
Santa Clara Family Health Plan	36%	33%	36%	**38%**
Sharp Health Plan	34%	35%	36%	**NR**
UHP Health Care	16%	12%	20%	**28%**
Universal Care	35%	39%	37%	**42%**
Ventura County Health Plan	27%	22%	18%	**18%**



NM – Not Meaningful.
NA /NR– Not Applicable/No Report Submitted.
* -Plan was not part of HFP in this measurement year.

Children's Access to Primary Care Practitioners

Importance of Measure: Childhood access to primary care practitioners promotes successful completion of recommended immunizations as well as identification and treatment of childhood conditions at early stages of disease.

Calculation: This measure describes children in three different age groups who had a visit with a plan primary care practitioner.

Cohort 1: Children age 12 months through 24 months who were continuously enrolled during the measurement year and had a visit with a primary care practitioner during the measurement year. In the Healthy Families Program, children in this age range constitute a small portion of the program's total enrollment. This is because children in this age range are only eligible if they are in families with incomes between 200% and 250% of Federal income guidelines.

Cohort 2: Children age 25 months through 6 years who were continuously enrolled during the measurement year and had a visit with a primary care practitioner during the measurement year.

Cohort 3: Children age 7 years through 11 years who were continuously enrolled during the measurement and the calendar year preceding the measurement year who had a visit with a primary care practitioner during the measurement year or the year preceding the measurement year. Some plans also submitted data for children 12-18 years old. These data were not included in this report because not all plans provided this information.

Children are allowed one gap of up to 45 days during each year of continuous enrollment.

2004 Performance: As shown in the tables on pages 15 through 20, scores for this measure remain consistently high with an aggregate program score of 91 percent for Cohort 1 in calendar year 2004. The aggregate program score of 82 percent for Cohort 2 was unchanged from 2003, while Cohort 3 decreased slightly from 83 to 81 percent in 2004.

Cohort 1: Scores on Table 13 ranged from 69 percent for Care 1st Health Plan to 100 percent for Central Coast Alliance and Santa Barbara Regional Health Authority. Seven plans increased the percentage of children seen by a primary care physician (PCP) in the 12-24 month age range. Eleven plan scores reflected a decrease in the percentage of children in this age group that saw a PCP. Health Plan of San Joaquin and Santa Barbara Regional Health Authority were the only plans where the percentage remained the same. The program average decreased slightly, but the number of cases reported was larger due to more plans reporting and the increase in HFP membership.

Scores continued to be high (above 90%) for all ethnic categories and primary languages in Cohort 1. American Indian/Alaskan Natives had a 7 percentage point increase, but it should be noted that this is a small sample size (24). Korean and Chinese Languages both increased 4 percentage points while Spanish improved by 1 percentage point.

Cohort 2: Table 14 shows the plan average percentage remained high at 82 percent in 2004 for children 25 months to six years in age. There was a balance in fluctuation in scores at the individual plan level. Nine plans reported percentage increases for this service, while ten plans reported a decreased percentage. Of note are two plans with score decreases more than one standard deviation (Ventura County from 89 percent to 75 percent and Health Plan of San Joaquin from 91 percent to 80 percent). Two plans showed no change in the percentage of children in this age category who received this service.

Most ethnic categories in Cohort 2 improved from last year, with the exception of Latinos which remained the same. Asian/Pacific Islanders increased 5 percent, African Americans 4 percent, American Indian/Alaskan Natives increased 2 percent and Whites 1 percent.

Similarly for Primary Language of Applicant, scores for Spanish stayed the same while English improved by 1 percentage point. All other groups had more substantial increases: 7 percent for Vietnamese, 6 percent for Korean and 5 percent for Chinese languages.

Cohort 3: As shown in Table 17, the program average remained relatively unchanged at 81 percent. Sixteen plans reported no substantial change in the rate of visits in this category, and the scores ranged form 62 percent for Community Health Plan to 94 percent for Santa Barbara Regional Health Authority. Percentages in the ethnic and language categories fluctuated, but seem somewhat stable for the past four years.

All ethnic categories in Cohort 3 (Table 18) had percentage increases compared to the previous year. African Americans and Asian/ Pacific Islanders each experienced increases of 4 percentage points. American Indian/Alaskan Natives and Whites each increased by 2 percentage points and Latinos by 1 percentage point.

For Primary Language of Applicant, the scores for English and Spanish increased 2 percentage points, Vietnamese increased 4 percentage points, Chinese languages increased 5 percentage points and Korean 3 points.

Children's Access to Primary Care Practitioners - Cohort 1 Ages 12 to 24 Months
Table 11 – *Performance Overview*

HFP Population Statistics *Cohort 1* *Ages 12 to 24 Months*	2001	2002	2003	**2004**
Number of Plans Reporting	23	24	23	**23**
Total Sample	5,222	7,488	9,186	**8,505**
Number of Plans Reporting - Methodology	Admin - 23 Hybrid - 0	Admin - 24 Hybrid - 0	Admin - 23 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	72% to 100%	83% to 100%	67% to 100%	**69% to 100%**
Average / Median Score	89% / 93%	93% / 93%	93% / 95%	**91% / 93%**
Aggregate Program Score	89%	93%	92%	**91%**

Children's Access to Primary Care Practitioners – Cohort 1 Ages 12 to 24 Months
Table 12 – *Demographic Analysis*

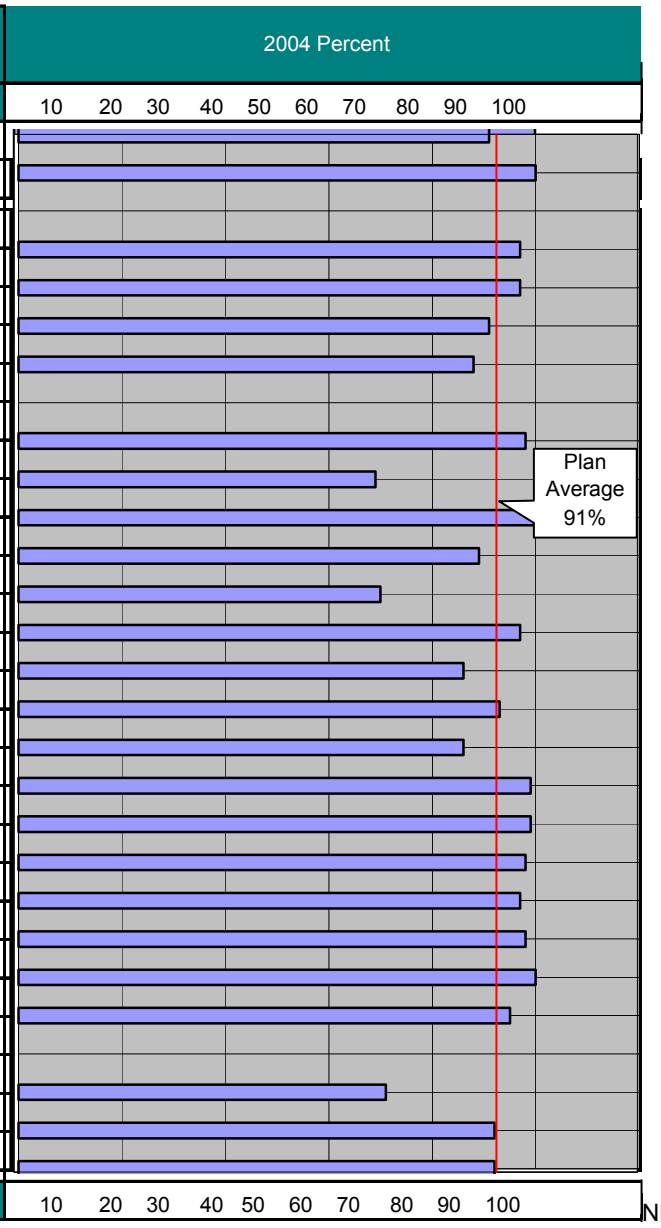
Children's Access to Primary Care Practitioners - Cohort 1							
Ethnicity				Primary Language of Applicant			
	2002	2003	**2004**		2002	2003	**2004**
Latino	94% (3,377)	92% (4,795)	**93% (3,556)**	English	94% (3,496)	93% (5,011)	**93% (4,157)**
Asian/Pacific Islander	94% (783)	93% (202)	**94% (1,034)**	Spanish	95% (2,181)	92% (3,082)	**93% (2,192)**
White	96% (990)	94% (1,458)	**94% (1,083)**	Vietnamese	98% (227)	96% (356)	**94% (300)**
African American	92% (133)	90% (178)	**91% (147)**	Chinese	89% (246)	90% (184)	**94% (227)**
American Indian/ Alaskan Native	100% (16)	89% (29)	**96% (24)**	Korean	90% (113)	91% (169)	**95% (103)**

(The number in parentheses indicates the number of children in the eligible sample)

Children's Access to Primary Care Practitioners - Cohort 1 Ages 12 to 24 Months

Table 13 – *Individual Plan Scores*

Health Plan	2001 Score	2002 Score	2003 Score	2004 Score
Healthy Families Program Average	89%	93%	92%	**91%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	93%	93%	94%	**97%**
Blue Cross - EPO	99%	99%	96%	**97%**
Blue Cross - HMO	91%	93%	89%	**91%**
Blue Shield - HMO	78%	89%	86%	**88%**
Blue Shield - EPO	*	*	NA	**NA**
CalOptima	80%	90%	81%	**98%**
Care 1st Health Plan	NA	NM	NA	**69%**
Central Coast Alliance for Health	NM	NM	93%	**100%**
Community Health Group	95%	85%	92%	**89%**
Community Health Plan	NM	NM	67%	**70%**
Contra Costa Health Plan	93%	88%	98%	**97%**
Health Net of California	72%	83%	87%	**86%**
Health Plan of San Joaquin	97%	97%	93%	**93%**
Health Plan of San Mateo	NM	NM	91%	**86%**
Inland Empire Health Plan	95%	99%	100%	**99%**
Kaiser Permanente	99%	100%	100%	**99%**
Kern Family Health Care	97%	97%	99%	**98%**
Molina	84%	89%	98%	**97%**
San Francisco Health Plan	83%	96%	98%	**98%**
Santa Barbara Regional HA	NM	NM	100%	**100%**
Santa Clara Family Health Plan	100%	98%	96%	**95%**
Sharp Health Plan	93%	97%	99%	**NA**
UHP Health Care	NM	NM	79%	**71%**
Universal Care	92%	93%	95%	**92%**
Ventura County Health Plan	NM	NM	92%	**92%**



NM – Not Meaningful.
NA /NR– Not Applicable/No Report Submitted.
* -Plan was not part of HFP in measurement year.

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Performance Overview

Children's Access to Primary Care Practitioners - Cohort 2 Ages 25 Months to 6 Years

Table 14 – *Performance Overview*

HFP Population Statistics *Cohort 2* *Ages 25 Months to 6 Years*	2001	2002	2003	2004
Number of Plans Reporting	23	22	23	**23**
Total Sample	72,667	93,509	116,240	**114,534**
Number of Plans Reporting - Methodology	Admin - 23 Hybrid - 0	Admin - 22 Hybrid - 0	Admin - 23 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	41% to 92%	51% to 94%	47% to 95%	**49% to 92%**
Average / Median Score	80% / 85%	83% / 86%	82% / 87%	**82% / 83%**
Aggregate Program Score	80%	85%	83%	**82%**

Children's Access to Primary Care Practitioners - Cohort 2 Ages 25 Months to 6 Years

Table 15 – *Demographic Analysis*

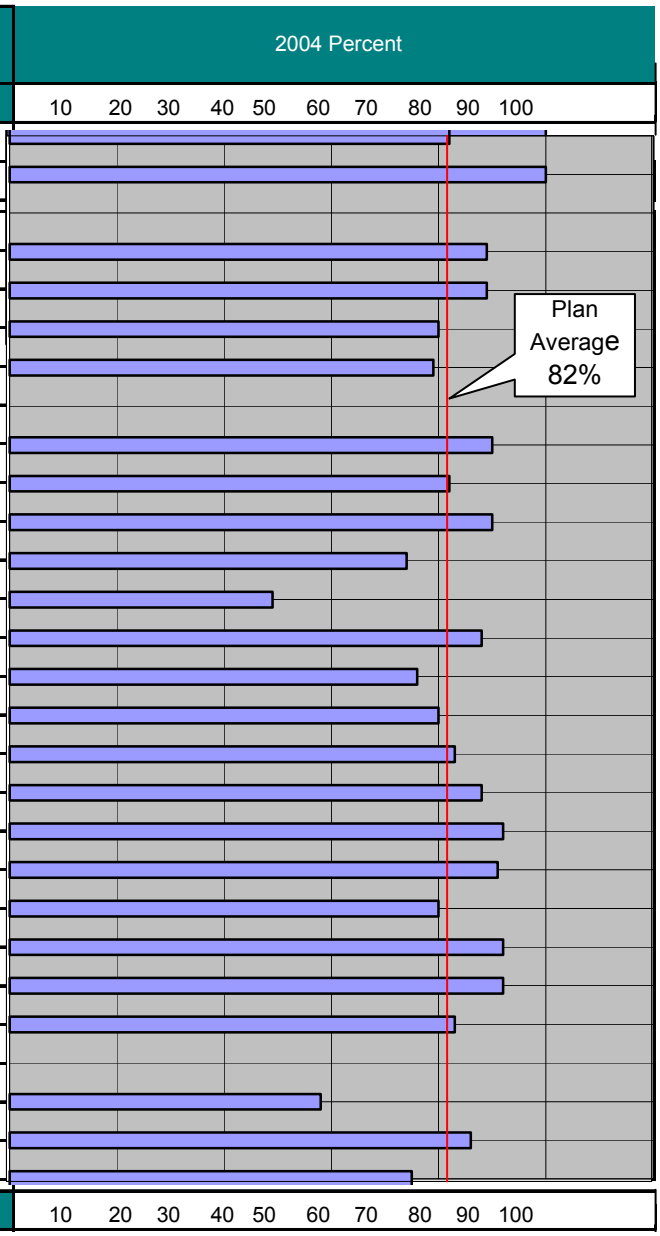
Children's Access to Primary Care Practitioners - Cohort 2							
Ethnicity				Primary Language of Applicant			
	2002	2003	**2004**		2002	2003	**2004**
Latino	86% (47,312)	83% (69,276)	**83% (59,461)**	English	86% (34,772)	83% (53,439)	**84% (47,564)**
Asian/Pacific Islander	84% (8,522)	78% (2,389)	**83% (13,740)**	Spanish	86% (35,304)	83% (51,648)	**83% (43,046)**
White	87% (10,379)	84% (15,981)	**85% (13,866)**	Vietnamese	85% (1,678)	77% (2,732)	**84% (2,787)**
African American	83% (1,686)	79% (2,541)	**83% (2,060)**	Chinese	82% (3,368)	78% (2,026)	**83% (3,418)**
American Indian/ Alaskan Native	79% (240)	80% (368)	**82% (283)**	Korean	84% (1,468)	77% (1,879)	**83% (1,683)**

(The number in parentheses indicates the number of children in the eligible sample)

Children's Access to Primary Care Practitioners - *Cohort 2 Ages 25 Months to 6 Years*

Table 16 – *Individual Plan Scores*

Health Plan	2001 Score	2002 Score	2003 Score	2004 Score
Healthy Families Program Average	80%	85%	83%	**82%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	86%	91%	91%	**89%**
Blue Cross - EPO	92%	91%	88%	**89%**
Blue Cross - HMO	84%	84%	79%	**80%**
Blue Shield - HMO	70%	81%	73%	**79%**
Blue Shield - EPO	*	*	NA	**NA**
CalOptima	74%	76%	75%	**90%**
Care 1st Health Plan	NA	NM	NA	**82%**
Central Coast Alliance for Health	90%	86%	84%	**90%**
Community Health Group	88%	51%	79%	**74%**
Community Health Plan	50%	NM	47%	**49%**
Contra Costa Health Plan	84%	77%	87%	**88%**
Health Net of California	60%	72%	75%	**76%**
Health Plan of San Joaquin	92%	92%	91%	**80%**
Health Plan of San Mateo	78%	81%	86%	**83%**
Inland Empire Health Plan	83%	89%	89%	**88%**
Kaiser Permanente	94%	94%	96%	**92%**
Kern Family Health Care	91%	90%	91%	**91%**
Molina	64%	70%	88%	**80%**
San Francisco Health Plan	74%	88%	92%	**92%**
Santa Barbara Regional HA	93%	91%	95%	**92%**
Santa Clara Family Health Plan	89%	82%	73%	**83%**
Sharp Health Plan	86%	90%	91%	**NA**
UHP Health Care	41%	67%	63%	**58%**
Universal Care	85%	86%	84%	**86%**
Ventura County Health Plan	89%	92%	89%	**75%**



NM – Not Meaningful.
NA /NR– Not Applicable/No Report Submitted.
* -Plan was not part of HFP in this measurement year.

Children's Access to Primary Care Practitioners - Cohort 3 Ages 7 to 11 Years
Table 17 – *Performance Overview*

HFP Population Statistics *Cohort 3* *Ages 7 to 11 Years*	2001	2002	2003	2004
Number of Plans Reporting	23	24	23	**23**
Total Sample	51,250	92,391	125,367	**114,097**
Number of Plans Reporting - Methodology	Admin - 23 Hybrid - 0	Admin - 24 Hybrid - 0	Admin - 23 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	46% to 94%	41% to 93%	56% to 95%	**62% to 91%**
Average / Median Score	80% / 85%	81% / 84%	83% / 84%	**81% / 82%**
Aggregate Program Score	80%	83%	83%	**81%**

Children's Access to Primary Care Practitioners - Cohort 3 Ages 7 to 11 Years
Table 18 – *Demographic Analysis*

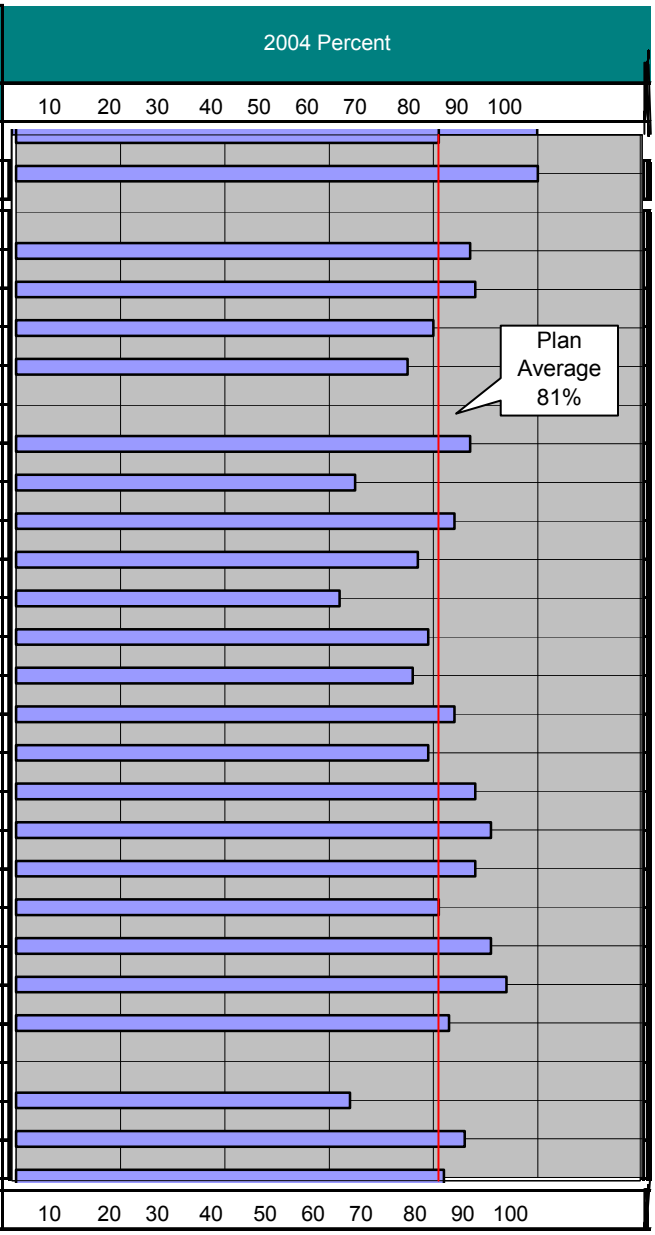
Children's Access to Primary Care Practitioners - Cohort 3							
Ethnicity				Primary Language of Applicant			
	2002	2003	**2004**		2002	2003	**2004**
Latino	84% (48,183)	82% (77,242)	**83% (62,810)**	English	84% (32,734)	82% (48,609)	**84% (40,914)**
Asian/Pacific Islander	81% (8,984)	75% (2,538)	**79% (13,759)**	Spanish	84% (38,501)	81% (62,603)	**83% (49,484)**
White	86% (10,875)	83% (14,960)	**85% (12,542)**	Vietnamese	82% (1,027)	77% (2,017)	**81% (1,966)**
African American	85% (1,625)	79% (2,687)	**83% (2,020)**	Chinese	79% (4,349)	72% (2,548)	**77% (4,749)**
American Indian/ Alaskan Native	80% (278)	77% (331)	**79% (302)**	Korean	83% (1,857)	69% (2,894)	**72% (1,762)**

(The number in parentheses indicates the number of children in the eligible sample)

Children's Access to Primary Care Practitioners - Cohort 3 Ages 7 to 11 Years

Table 19 – *Individual Plan Scores*

Health Plan	2001 Score	2002 Score	2003 Score	2004 Score
Healthy Families Program Average	80%	83%	83%	**81%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	87%	90%	89%	**87%**
Blue Cross - EPO	90%	87%	85%	**88%**
Blue Cross - HMO	84%	81%	79%	**80%**
Blue Shield - HMO	70%	70%	74%	**75%**
Blue Shield - EPO	*	*	NA	**NA**
CalOptima	74%	80%	77%	**87%**
Care 1st Health Plan	NA	NM	NR	**65%**
Central Coast Alliance for Health	94%	81%	81%	**84%**
Community Health Group	86%	41%	84%	**77%**
Community Health Plan	51%	NM	56%	**62%**
Contra Costa Health Plan	81%	72%	80%	**79%**
Health Net of California	63%	73%	77%	**76%**
Health Plan of San Joaquin	83%	82%	83%	**84%**
Health Plan of San Mateo	91%	86%	87%	**79%**
Inland Empire Health Plan	80%	88%	88%	**88%**
Kaiser Permanente	94%	93%	95%	**91%**
Kern Family Health Care	88%	89%	89%	**88%**
Molina	66%	73%	86%	**81%**
San Francisco Health Plan	75%	88%	91%	**91%**
Santa Barbara Regional HA	90%	92%	94%	**94%**
Santa Clara Family Health Plan	86%	83%	79%	**83%**
Sharp Health Plan	88%	90%	90%	**NR**
UHP Health Care	46%	67%	69%	**64%**
Universal Care	85%	84%	84%	**86%**
Ventura County Health Plan	90%	89%	87%	**82%**



NM – Not Meaningful.
NA /NR– Not Applicable/No Report Submitted.
* -Plan was not part of HFP in this measurement year.

Follow-up After Hospitalization for Mental Illness

Importance of Measure: According to the National Institute for Mental Health, a significant percentage of individuals experience some form of mental illness, yet only a small percentage are actually diagnosed. For many children, hospitalization often represents the first introduction to mental health services. Regular follow-up therapy is an important component in assuring adequate treatment for patients diagnosed and hospitalized for mental illness.

Calculation: This measure calculates the percentage of subscribers age six and older who were hospitalized for treatment of selected mental health disorders who were continuously enrolled for 30 days after discharge (without gaps) and were seen on an ambulatory basis or were in day/night treatment with a mental health provider. Table 20 shows the two scores related to follow-up after hospitalization: 1) the percentage of subscribers who had an ambulatory or day/night mental health visit within *30 days* of hospital discharge, and 2) the percentage of subscribers who had an ambulatory or day/night mental health visit within *seven days* of hospital discharge.

2004 Performance: A factor that continues to hinder accurate tracking of meaningful data for this measure is the mental health "carve out" in the HFP. Children who are suspected of being seriously emotionally disturbed (SED) are referred to county mental health departments for assessment and treatment. A health plan's ability to track the necessary information for this measure requires an effective exchange of information with the counties about every health plan's HFP enrollee who is assessed as SED.

As shown in Table 20, the sample size for all four years (2001-2004) averages less than 30 per plan. The NCQA recommends that scores based on sample sizes of less than 30 members not be reported, since results from small samples do not withstand the statistical analysis used to determine if the results are due to chance. For this reason, plan comparisons for this measure are not reported.

Follow-up After Hospitalization for Mental Illness

Table 20 – *Performance Overview*

HFP Population Statistics Follow-Up After Hospitalization for Mental Illness	2001	2002	2003	2004
Number of Plans Reporting	11	18	13	**13**
Total Sample	225	469	212	**297**
Range of Scores	Insufficient Data	Insufficient Data	Insufficient Data	**Insufficient Data**
Average / Median Score	Insufficient Data	Insufficient Data	Insufficient Data	**Insufficient Data**
Aggregate Program Score				
7 Days	27%	23%	38%	**40%**
30 Days	46%	38%	62%	**49%**

Alcohol and Other Drug (AOD) Services Utilization

About the Measure: This is the first year HFP has collected data for this measure, which accounts for the number and percentage of HFP members receiving services during the reporting year in the following categories: any alcohol and other drug services; inpatient alcohol and other drug services; intermediate alcohol and other drug services; and ambulatory alcohol and other drug services.

Calculation: This measure calculates the percentage of subscribers who received treatment, or were seen on an ambulatory basis, or were in day/night treatment with an AOD provider.

2004 Performance: Twenty two plans submitted data for this measure. The total sample size for this measure in 2004 is 765. As this is the first year MRMIB is collecting data for this measure, statistical plan comparisons are not included in this report. However, overall utilization was very low with only two plans (Blue Cross HMO and Blue Cross EPO) reporting alcohol and other drug services utilization of more than 1 percent.

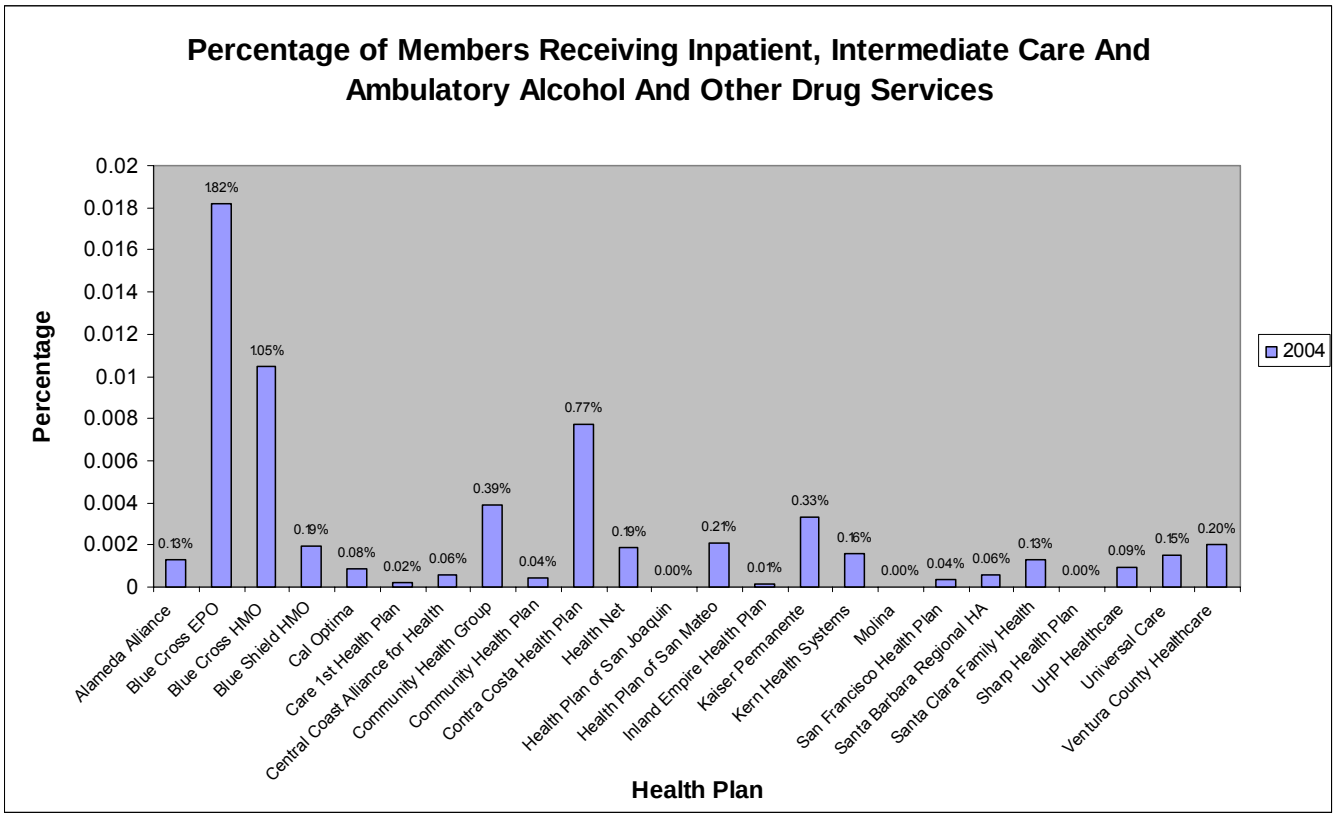
(NEW) Alcohol and Other Drug (AOD) Services Utilization

Table 21

HFP Population Statistics Alcohol and Other Drug Services Utilization	2004
Number of Plans Reporting	**22**
Total Sample	**765**

(NEW) Alcohol and Other Drug (AOD) Services Utilization

Table 21a – *Individual Plan Scores*



Appendix A – Scoring Summary By Measure

▲ = Indicates Score 1 Standard Deviation Above the Mean
▼ = Indicates Score 1 Standard Deviation Below the Mean
Blank = Indicates score within one Standard Deviation of Mean

Measure

Plan	Child Immun	Well Child 3, 4, 5 & 6	Adol Well Child	PCP Access Cohort 1	PCP Access Cohort 2	PCP Access Cohort 3
Alameda Alliance						
Blue Cross EPO						
Blue Cross HMO						
Blue Shield HMO						
Cal Optima		▲				
Care 1st Health Plan			▼	▼		▼
Central Coast Alliance for Health						
Community Health Group						
Community Health Plan	▼	▼		▼	▼	▼
Contra Costa Health Plan		▼	▼			
Health Net						
Health Plan of San Joaquin						
Health Plan of San Mateo						
Inland Empire Health Plan		▲	▲			
Kaiser Permanente						
Kern Health Systems						
Molina			▲			
San Francisco Health Plan		▲	▲			
Santa Barbara Regional HA			▼			▲
Santa Clara Family Health						
Sharp Health Plan						
UHP Healthcare	▼	▼		▼	▼	▼
Universal Care						
Ventura County Healthcare	▲					

Endnotes

i. HEDIS® is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care organizations.

NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.